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control number. Substitute for form 1449B/PTO <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> INFORMATION DISCLOSURE STATEMENT BY APPLICANT </div> <div style="text-align: center; font-style: italic; margin-top: 10px;"> (use as many sheets as necessary) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Sheet 2 of 2 </div>	<div style="text-align: right; font-weight: bold; margin-bottom: 10px;"> Complete if Known </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>12/28/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Aucoin</td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>DAuco-01-A</td> </tr> </table>	Application Number		Filing Date	12/28/2001	First Named Inventor	Aucoin	Group Art Unit		Examiner Name		Attorney Docket Number	DAuco-01-A
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Examiner Signature	George L. Walton	Date Considered	12/8/03
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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